



Leave Transfer Form Within Department

Employee : _____ Employee Number: _____

Department Name: _____ Department Number: _____

Leave to be transfered:

Annual Leave - No. Hours:

Sick Leave - No. Hours:

Compensatory Time - No. Hours:

I wish the above hours be donated to the following employee:

Name:

Signature:

(Employee making donation)

Date:

DEPARTMENT HEAD'S APPROVAL/JUSTIFICATION

Reason for request:

(Department Head Signature)

Date: